

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 1248-0793PUS1		
Application No. 10/541,093-Conf. #6135	Filing Date June 29, 2005	Examiner R. R. Rainey	Art Unit 2629		
Applicant(s): Toshiyuki FUJINE et al.					
Invention: LIQUID CRYSTAL DISPLAY APPARATUS, LIQUID CRYSTAL DISPLAY CONTROL METHOD, AND PROGRAM THEREOF, AND RECORDING MEDIUM FOR SAME					
<b>MS Amendment</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	25	- 26 =	0	x 52.00	0.00
<b>Independent Claims</b>	3	- 4 =	0	x 220.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>0.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
<u>Robert Down # 48222</u> Michael R. Cammarata Attorney Reg. No.: 39,491			Dated: <u>February 17, 2009</u>		
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